| PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 1997  |  |                                    |                |             |                   |                                 |                  |           |            | Application of Docket Number 10/605639 |               |                     |                        |  |  |
|---|--|------------------------------------|----------------|-------------|-------------------|---------------------------------|------------------|-----------|------------|--|---------------|---------------------|------------------------|--|--|
|   | CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |                                    |                |             |                   |                                 |                  | SM<br>T   | ALL<br>PE  | EMITY                                  | OR            |                     | R THAN<br>ENTITY       |  |  |
| FOR   |  |                                    | NUMBER FILED   |             |                   | NUMBER EXTRA                    |                  | RAT       | E          | FEE                                    |               | RATE                | FEE                    |  |  |
| BAS   | SIC FEE  |                                    |                |             |                   |                                 |                  |           |            | 395.00                                 | OR            |                     | <del>190.00</del>      |  |  |
| TOTAL CLAIMS  |  |                                    | 20 minus 20 =  |             | s 20 =            | 20                              |                  | x\$1      | x\$11=     |  | OR            | x\$22=              |                        |  |  |
| INDEPENDENT CLAIMS  |  |                                    | 3 minus 3 =    |             |                   | . 3                             |                  | x41       | =          |  | OR            | x82=                |                        |  |  |
| MU  | LTIPLE DEPEND  | DENT CLAIN                         | AIM PRESENT    |             |                   | j.                              |                  | +13       | 5=         |  | OR            | +270=               |                        |  |  |
| . 11  | If the difference in column 1 is less than zero, enter "0" in column 2 |                                    |                |             |                   |                                 |                  | TOTAL ( 7 |            | OR                                     | TOTAL         | 70                  |                        |  |  |
|   | CLAIMS AS AMENDED  |                                    |                |             |                   |                                 |                  |           |            |  |               |                     | R THAN                 |  |  |
| 1   |  | (CLAIM                             |                | THE SECTION |                   | lumn 2)<br>SHEST                | (Column 3)       | SM        | ALL        | ENTITY                                 | OR<br>I I     | SMALL               | ENTITY                 |  |  |
| AMENDMENTA  |  | REMAIN<br>AFTEI<br>AMENDM          | ING<br>R       |             | NU<br>PRE\        | MBER<br>VIOUSLY<br>D FOR        | PRESENT<br>EXTRA | RAT       | E          | ADDI-<br>TIONAL<br>FEE                 |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | . 2                                | O              | Minus       |                   | 20                              | = /              | x\$1      | =          | /                                      | OR            | x\$22=              |                        |  |  |
| MEN   | Independent  | • 4                                | 3              | Minus       | •••               | 3                               | = .              | ×41       | =          |  | OR            | x82=                | /                      |  |  |
| <b> </b> ▼  | FIRST PRESENTATION OF MULTIPLE DEPE                                    |                                    |                |             |                   | NDENT CL                        | AIM ,            | +135      | <u>;</u> = |  | OR            | +270=               | 7                      |  |  |
|   | . (Column 1) (Column 2) (Column 3)                                     |                                    |                |             |                   |                                 |                  |           | TAL        |  | OR            | TOTAL<br>ADDIT. FEE |                        |  |  |
| ENDMENT B   |  | CLAIM<br>REMAIN<br>AFTEI<br>AMENDM | IS<br>ING<br>R |             | HIC<br>NU<br>PRE\ | HEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT          | RAT       | E          | ADDI-<br>TIONAL<br>FEE                 |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total  | .12                                | -              | Minus       | /                 | 20                              | = ./             | x\$1      | l=         |  | OR            | x\$22=              | 1                      |  |  |
|   | Independent  | • 3                                |                | Minus       | ***               | 3                               | = /              | x41       | =          |  | OR            | x82=                |                        |  |  |
| A   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |                                    |                |             |                   |                                 |                  | +13       | <br>5=     | 1                                      | OR            | +270=               |                        |  |  |
|   | (Column 1) (Column 2) (Column 3)                                       |                                    |                |             |                   |                                 |                  |           | TAL        |  | OR            | TOTAL<br>ADDIT. FEE |                        |  |  |
| ENT C   |  | CLAIM<br>REMAIN<br>AFTEI<br>AMENDM | ING<br>R       |             | NU<br>PRE\        | MBER<br>MOUSLY<br>D FOR         | PRESENT<br>EXTRA | RAT       | E          | ADDI-<br>TIONAL<br>FEE                 |               | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| I MO  | Total  | •                                  |                | Minus       | **                |                                 | =                | x\$1      | =          |  | ·OR           | x\$22=              |                        |  |  |
| AMENDMENT   | Independent  | •                                  |                | Minus       | •••               |                                 | =                | x41       | =          |  | OR            | x82=                |                        |  |  |
| A   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=                   |                                    |                |             |                   |                                 |                  |           |            |  | OR            | +270=               |                        |  |  |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "By the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 2. |  |                                    |                |             |                   |                                 |                  |           |            |  | OR ADDIT. FEE |                     |                        |  |  |